

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX PROPRIETORSHIP
REPORT OF CHANGE FOR IRS ADJUSTMENT ONLY

FOR DRA USE ONLY

For the CALENDAR year _____ or other taxable period beginning _____ and ending _____

Mo Day Year Mo Day Year

This form is to be used to report any change to the New Hampshire Business Profits Tax return caused by a final determination of an Internal Revenue Service Examination only. **DO NOT USE THIS FORM TO AMEND A RETURN.**

| | | | |
|--|---|----------------------|--|
| STEP 1 Please Print or Type | PROPRIETOR LAST NAME | FIRST NAME & INITIAL | SOCIAL SECURITY NUMBER |
| | SPOUSE'S LAST NAME | FIRST NAME & INITIAL | SPOUSE'S SOCIAL SECURITY NUMBER |
| | NAME OF PROPRIETORSHIP, ESTATE OR TRUST | | FEDERAL EMPLOYER IDENTIFICATION NUMBER |
| | NUMBER & STREET ADDRESS | | DEPARTMENT IDENTIFICATION NUMBER |
| | ADDRESS (continued) | | |
| | CITY/TOWN, STATE & ZIP CODE | | |

| STEP 2 Figure Your Tax | | Husband and wife may NOT combine net results of separately held business organizations. | |
|---------------------------------|--|---|--|
| 1 | NET PROFIT (LOSS) As originally filed or previously adjusted | 1 | |
| 2 | RENTAL INCOME (LOSS) As originally filed or previously adjusted | 2 | |
| 3 | NET FARM PROFIT (LOSS) As originally filed or previously adjusted | 3 | |
| 4 | NET GAIN (LOSS) FROM SALE OF ASSETS HELD FOR USE IN BUSINESS, FARMING AND/OR RENTAL PURPOSES As originally filed or previously adjusted | 4 | |
| 5 | INSTALLMENT GAIN (LOSS) As originally filed or previously adjusted | 5 | |
| 6 | GROSS BUSINESS PROFITS As originally filed or previously adjusted (Combine Lines 1 - 5) | 6 | |
| 7 | INTERNAL REVENUE SERVICE ADJUSTMENTS TO FEDERAL INCOME (From Page 2, Section 1, Line 1) .. | 7 | |
| 8 | SUBTOTAL (Line 6 adjusted by Line 7) | 8 | |
| 9 | COMPENSATION FOR PERSONAL SERVICES | 9 | |
| 10 | GROSS BUSINESS PROFITS AS ADJUSTED BY IRS ADJUSTMENTS (Line 8 minus Line 9) | 10 | |
| 11 | ADDITIONS AND DEDUCTIONS (RSA 77-A:4) | | |
| | (a) As originally filed or previously adjusted | 11(a) | |
| | (b) Adjustments to additions from Page 2, Section 2, Line 2 | 11(b) | |
| | (c) Adjustments to deductions from Page 2, Section 3, Line 3 | 11(c) | |
| | (d) Total adjusted additions and deductions [Combine Line 11(a), 11(b) and 11(c)] | 11(d) | |
| 12 | ADJUSTED GROSS BUSINESS PROFITS [Line 10 adjusted by Line 11(d)] (If negative, show in parenthesis.) | 12 | |
| 13 | NEW HAMPSHIRE APPORTIONMENT (Form DP-80, Line 5) (Express as decimal to 6 places) If this apportionment percentage is different from the percentage originally filed or previously adjusted, check here <input type="checkbox"/> and attach a revised DP-80 | 13 | |
| 14 | NEW HAMPSHIRE TAXABLE BUSINESS PROFITS (Line 12 x Line 13. If negative, enter zero.) | 14 | |
| 15 | NEW HAMPSHIRE BUSINESS PROFITS TAX AS ADJUSTED BY IRS ADJUSTMENTS | 15 | |
| | (Line 14 x tax rate, see DP-87 instructions) | | |

| STEP 3 Figure Your Credits | | | |
|-------------------------------------|---|----|--|
| 16 | Credits allowed under RSA 77-A:5 As originally filed or previously adjusted | 16 | |
| 17 | Subtotal (Line 15 minus Line 16) | 17 | |
| 18 | NH Business Enterprise Tax As originally filed or previously adjusted | 18 | |
| 19 | Internal Revenue Service adjustments to BET (attach revised BET and/or BET-80) | 19 | |
| 20 | NH Business Enterprise Tax As Adjusted by IRS Adjustments (Line 18 adjusted by Line 19) | 20 | |
| 21 | NH Business Enterprise Tax Credit to be applied against BPT (Lesser of Line 17 or 20) | 21 | |
| 22 | NH BPT Net of Statutory Credits as adjusted (Line 17 minus Line 21) | 22 | |
| 23 | NH BPT Net of Statutory Credits as originally filed or previously adjusted | 23 | |
| 24 | Balance of tax due (Line 22 minus Line 23) | 24 | |
| 25 | Interest due (see DP-87 instructions) | 25 | |
| 26 | Balance due (Line 24 plus Line 25) | 26 | |
| | PAY THIS AMOUNT → | | |
| 27 | Refund due (Line 23 minus Line 22) | 27 | |

FOR DRA USE ONLY

Under penalties of perjury, I declare that I have examined this form and to the best of my belief it is true, correct and complete.
If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

X

SIGNATURE (IN INK) OF TAXPAYER

DATE _____

SIGNATURE (IN INK) OF PREPARER OTHER THAN TAXPAYER

DATE _____

TITLE

NH DEPT OF REVENUE ADMINISTRATION
MAIL
AUDIT DIVISION
TO: PO BOX 457
CONCORD, NH 03302-0457

PREPARER'S IDENTIFICATION NUMBER

PREPARER ADDRESS

CITY/TOWN, STATE AND ZIP CODE

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX PROPRIETORSHIP**REPORT OF CHANGE FOR IRS ADJUSTMENT ONLY**

Page 2

SECTION 1 IRS ADJUSTMENTS TO INCOME

If the number of adjustments exceed the lines provided, attach a schedule and summarize on Line E.

| FEDERAL FORM | ADJUSTMENT DESCRIPTION | AMOUNT ORIGINALLY REPORTED | AMOUNT OF CHANGE | BALANCE AFTER CHANGE |
|-----------------|------------------------------|-------------------------------|---------------------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | Total from attached schedule | | | |

Line 1 Enter total of Lines A through E here and on Page 1, Line 7 1

SECTION 2 IRS ADJUSTMENTS TO ADDITIONS

If the number of adjustments exceed the lines provided, attach a schedule and summarize on Line E.

| NH RETURN LINE NO. | ADJUSTMENT DESCRIPTION | AMOUNT ORIGINALLY REPORTED | AMOUNT OF CHANGE | BALANCE AFTER CHANGE |
|-----------------------|------------------------------|-------------------------------|---------------------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | Total from attached schedule | | | |

Line 2 Enter total of Lines A through E here and on Page 1, Line 11(b) 2

SECTION 3 IRS ADJUSTMENTS TO DEDUCTIONS

If the number of adjustments exceed the lines provided, attach a schedule and summarize on Line E.

| NH RETURN LINE NO. | ADJUSTMENT DESCRIPTION | AMOUNT ORIGINALLY REPORTED | AMOUNT OF CHANGE | BALANCE AFTER CHANGE |
|-----------------------|------------------------------|-------------------------------|---------------------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | Total from attached schedule | | | |

Line 3 Enter total of Lines A through E here and on Page 1, Line 11(c) 3

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
REPORT OF CHANGE (ROC) GENERAL INSTRUCTIONS
IRS ADJUSTMENT ONLY

| REPORT OF CHANGE GENERAL INSTRUCTIONS FOR ALL YEARS | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|------|-------------------------------|-----------------------|-----|---------|-----------------------|----|---------|-----------------------|----|---------|-----------------------|----|---------|-----------------------|----|---------|
| WHO MUST FILE | New Hampshire Report of Change form(s) must be filed when Internal Revenue Service has notified you of a change they made to your federal return. | | | | | | | | | | | | | | | | | | | |
| WHEN TO FILE | Pursuant to RSA 77:24-b, RSA 77-E:9 and RSA 77-A:10, a Report of Change must be filed with the Department <u>no later than 6 months</u> from receipt of a final determination of adjustments from the Internal Revenue Service. | | | | | | | | | | | | | | | | | | | |
| WHAT YOU WILL NEED | <p>To file a report of change you will need to obtain:</p> <ul style="list-style-type: none">• The IRS form reporting the change;• The appropriate New Hampshire Report of Change form(s) for each taxable period; and• A copy of your New Hampshire and federal return as originally filed. <p>A complete Report of Change form, with all applicable schedules and returns must be filed. Each Report of Change form must be complete including original signatures in ink. Incomplete Report of Change forms will not be accepted.</p> | | | | | | | | | | | | | | | | | | | |
| WHERE TO FILE | Your completed Report of Change form(s) along with the IRS form reporting the change and a copy of any changed federal forms or schedules must be mailed within 6 months to: Department of Revenue Administration, Audit Division, PO Box 457, Concord, NH 03302-0457. | | | | | | | | | | | | | | | | | | | |
| FILLING OUT THE FORM(S) | When completing the Report of Change form, you should use the changed numbers as reported to you in the final determination you received from the IRS. For purposes of reporting IRS changes to a husband and wife's separately owned business organizations, a separate Report of Change form is required for the husband and wife. | | | | | | | | | | | | | | | | | | | |
| CALCULATING INTEREST | <p>Interest is calculated on the balance of tax due from the original due date of the return to the date paid at the rate listed below. (Interest due = tax due x number of days x daily rate decimal equivalent).</p> <table><tr><th>PERIOD</th><th>RATE</th><th>DAILY RATE DECIMAL EQUIVALENT</th></tr><tr><td>1/1/2007 - 12/31/2007</td><td>10%</td><td>.000274</td></tr><tr><td>1/1/2006 - 12/31/2006</td><td>8%</td><td>.000219</td></tr><tr><td>1/1/2005 - 12/31/2005</td><td>6%</td><td>.000164</td></tr><tr><td>1/1/2004 - 12/31/2004</td><td>7%</td><td>.000191</td></tr><tr><td>1/1/2003 - 12/31/2003</td><td>8%</td><td>.000219</td></tr></table> | | PERIOD | RATE | DAILY RATE DECIMAL EQUIVALENT | 1/1/2007 - 12/31/2007 | 10% | .000274 | 1/1/2006 - 12/31/2006 | 8% | .000219 | 1/1/2005 - 12/31/2005 | 6% | .000164 | 1/1/2004 - 12/31/2004 | 7% | .000191 | 1/1/2003 - 12/31/2003 | 8% | .000219 |
| PERIOD | RATE | DAILY RATE DECIMAL EQUIVALENT | | | | | | | | | | | | | | | | | | |
| 1/1/2007 - 12/31/2007 | 10% | .000274 | | | | | | | | | | | | | | | | | | |
| 1/1/2006 - 12/31/2006 | 8% | .000219 | | | | | | | | | | | | | | | | | | |
| 1/1/2005 - 12/31/2005 | 6% | .000164 | | | | | | | | | | | | | | | | | | |
| 1/1/2004 - 12/31/2004 | 7% | .000191 | | | | | | | | | | | | | | | | | | |
| 1/1/2003 - 12/31/2003 | 8% | .000219 | | | | | | | | | | | | | | | | | | |
| NEED FORMS | Forms may be obtained from our web site at www.revenue.nh.gov or by calling our forms line at (603) 271-2192. | | | | | | | | | | | | | | | | | | | |
| NEED HELP | Should you need assistance filling out the forms you can call (603) 271-3400. | | | | | | | | | | | | | | | | | | | |

REPORT OF CHANGE FORMS FOR ALL TAX PERIODS

| | |
|----------------------|--|
| BUSINESS TAX | To report a change, file a completed Form DP-87-CORP for a Corporation, DP-87-WE for a Combined filer, DP-87-PROP for a Proprietorship, DP-87-FID for a Fiduciary and DP-87-PART for a Partnership and all attachments for each year you are reporting a change. |
| SMLLC TAX | A Single Member Limited Liability Company (SMLLC) is required to complete a Form DP-200, Request for Department Identification Number (DIN), ONLY if the SMLLC does not have a federal employer identification number; shares a taxpayer identification number with another taxpayer subject to taxation; or is not required to obtain a federal employer identification number, social security number or an individual taxpayer identification number issued by the Internal Revenue Service. This form must be filed 30 days prior to filing any other tax related documents. |
| I & D TAX | To report a change to your Interest and Dividends Tax return file a separate Form DP-87-ID for each year you are reporting a change. |

| BET RATES | <table> <thead> <tr> <th>EFFECTIVE DATE</th><th>RATE</th></tr> </thead> <tbody> <tr> <td>7/1/93</td><td>.25</td></tr> <tr> <td>7/1/99</td><td>.50</td></tr> <tr> <td>7/1/01</td><td>.75</td></tr> </tbody> </table> | EFFECTIVE DATE | RATE | 7/1/93 | .25 | 7/1/99 | .50 | 7/1/01 | .75 | | | | |
|------------------|--|----------------|------|---------|-----|--------|------|--------|-----|--------|----|--------|------|
| EFFECTIVE DATE | RATE | | | | | | | | | | | | |
| 7/1/93 | .25 | | | | | | | | | | | | |
| 7/1/99 | .50 | | | | | | | | | | | | |
| 7/1/01 | .75 | | | | | | | | | | | | |
| BPT RATES | <table> <thead> <tr> <th>EFFECTIVE DATE</th><th>RATE</th></tr> </thead> <tbody> <tr> <td>6/30/88</td><td>8%</td></tr> <tr> <td>7/1/93</td><td>7.5%</td></tr> <tr> <td>7/1/94</td><td>7%</td></tr> <tr> <td>7/1/99</td><td>8%</td></tr> <tr> <td>7/1/01</td><td>8.5%</td></tr> </tbody> </table> <p>For tax years prior to 6/30/88, please call the Department at (603) 271-2191 for the tax rates.</p> | EFFECTIVE DATE | RATE | 6/30/88 | 8% | 7/1/93 | 7.5% | 7/1/94 | 7% | 7/1/99 | 8% | 7/1/01 | 8.5% |
| EFFECTIVE DATE | RATE | | | | | | | | | | | | |
| 6/30/88 | 8% | | | | | | | | | | | | |
| 7/1/93 | 7.5% | | | | | | | | | | | | |
| 7/1/94 | 7% | | | | | | | | | | | | |
| 7/1/99 | 8% | | | | | | | | | | | | |
| 7/1/01 | 8.5% | | | | | | | | | | | | |